New Jersey Department of Health APPLICATION FOR J-1 VISA WAIVER / STATE CONRAD 30 PROGRAM ATTACHMENT A

CURRENT MEDICAL STAFFING AT PRACTICE SITE

Name	* Specialty	* Subspecialty	Days and Hours at Site

(Please copy this sheet if additional space is necessary.)

^{*} **SPECIALTY** - Includes family practice (FP), internal medicine (IM), pediatrician (Peds) and obstetrician/gynecologist (OB/GYN).

^{*} SUBSPECIALTY - Includes any Fellowship Specialty.